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RECOMMENDATION FOR FUNDING FROM SUPPLEMENTARY FUNDS FOR A SHORT-DURATION COUNTRY PROGRAMME IN THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA*

SUMMARY

The present document contains a recommendation for funding from supplementary funds for a two-year programme of UNICEF cooperation to help to meet the urgent needs of children and women in the former Yugoslav Republic of Macedonia. The Executive Director recommends that the Executive Board approve the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

Country/programme	Amount (United States dollars)	Duration
Supplementary funds		
The former Yugoslav Republic of Macedonia	4 000 000	1994-1995

A summary of the recommendation follows.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	0.5
Under-five mortality rate (U5MR) (per 1,000 live births) (1990)	35
Infant mortality rate (IMR) (per 1,000 live births) (1990)	29
Underweight (% moderate and severe)	..
Maternal mortality rate (MMR) (per 100,000 live births) (1991)	12
Literacy (% male/female)	../..
Primary school enrolment (% net male/female) (1991)	../..
Percentage of grade 1 reaching grade 4	..
Access to safe water (%) (1991)	63
Access to health services (%)	..
GNP per capita (1992)	$ .. a/

One-year olds fully immunized against:

tuberculosis:	87 per cent
diphtheria/pertussis/tetanus:	85 per cent
measles:	53 per cent
poliomyelitis:	94 per cent

Pregnant women immunized against:

tetanus:	.. per cent

a/ Estimated to be lower-middle-income ($676-$2,695).

The situation of children and women

Background

1. The former Yugoslav Republic of Macedonia proclaimed independence in September 1992 and was admitted into the United Nations on 8 April 1993. At the end of the Second World War, the country was the poorest of the constituent republics of the People's Federative Republic of Yugoslavia (later renamed the Socialist Federal Republic of Yugoslavia), with a per capita gross national product (GNP) about one third lower than the Federation's average. The economy developed at the same pace as the rest of the Socialist Federal Republic of Yugoslavia until 1981, when it began to stagnate. By 1990, inflation was approximately 700 per cent.

2. Much of the country's industry was geared to producing goods for the former Soviet Union and the rest of the former Yugoslavia and depended upon these countries for raw materials for its chemical and metallurgical industries. Such industries are now idle or working at a fraction of their capacity as a result of the political changes in the region. The economy of the country has also

been seriously affected by the war in the other Republics of the former Yugoslavia and by the application of international sanctions. Prior to the war and sanctions, some 60 per cent of the country's trade had been with Serbia. Such markets are now lost, while a substantial proportion of the companies' funds remain blocked in banks of the Federal Republic of Yugoslavia (Serbia and Montenegro). These factors have combined to present the newly independent country with an economic crisis. Unemployment is estimated at more than 20 per cent and is continuing to rise. Price inflation was nearly 1,700 per cent in 1992 and was estimated at about 550 per cent in 1993. A further indicator of the economic crisis is the slump in monthly salary levels from $112 in 1991 to $65 in 1993, with the real wage level dropping to pre-1963 levels.

3. In addition to addressing its economic problems, the country also has had to cope with an influx of refugees from Bosnia and Herzegovina. At the peak of the influx, there were about 30,000 refugees, falling to 10,000 at the end of 1993. A number of international agencies (including UNICEF) began operations in the former Yugoslav Republic of Macedonia in late 1992 and early 1993 to respond to the needs of refugees. As the economic crisis has worsened, the international community has begun to develop more comprehensive assistance programmes with the Government.

4. The population of the former Yugoslav Republic of Macedonia is ethnically mixed, comprising Macedonian, Albanian, Turkish, Serbian and Romany ethnic groupings. Ethnic Macedonians account for 65 per cent of the total population. Ethnic Albanians form the next most populous group, but their exact proportion in the population is not known since they boycotted the Government's 1991 census.

The threat to social services

5. The former Yugoslavia gave high priority to the social sectors. Health care and education were free and universally accessible. Public support for children, mothers and other vulnerable groups was provided through a variety of mechanisms, such as comprehensive pension and maternity benefits, child allowances, social assistance provisions, supplies for newborn babies, children's holiday centres, subsidized pre-schools and kindergartens and subsidies for certain school supplies.

6. With the continued economic crisis, the social safety net is now faltering. On the one hand, the real value of salaries, pensions and allowances has been drastically reduced, while on the other, the effectiveness of social services has diminished as cuts are implemented and demands are placed on a failing infrastructure. The Government is finding it difficult to meet even monthly salary needs and salaries in the health sector were paid irregularly in 1993. Funds for recurrent spending on items such as drugs or school supplies are inadequate and, in 1993, the Government had to depend to a large extent upon external assistance. Much of the infrastructure in the health and education sectors is in urgent need of maintenance. Spare parts for hospital equipment, which needs repair or replacement, are almost impossible to obtain since much of the equipment was made by companies that are now under the restriction of sanctions.

Maternal and child health and nutrition

7. According to government sources, about one quarter of the country's population of 2.1 million (1992) are children under 15 years of age. Although there were considerable improvements in the health situation of women and children in the country during the 1980s, the infant mortality rate (IMR) still remains among the highest in Europe, comparable to that of Albania. The recent crisis has led to a marked deterioration of the situation. Health expenditures were reduced by 49 per cent between 1990 and 1992. With the recent difficulties in securing vaccines, immunization levels have declined, with some antigens barely registering 50 per cent coverage. There were two serious measles epidemics in early 1993. Probably reflecting those negative trends, government sources show that IMR has increased to 31 per 1,000 live births in 1992. The main contributors to infant mortality are perinatal conditions, respiratory diseases and diarrhoeal diseases; however, over one fifth of infant deaths remain undiagnosed.

8. Some two thirds of mothers breast-feed their children at three months of age and around one quarter at six months. Although the level of breast-feeding is believed to have been falling before the current economic crisis, health authorities report that the economic situation has caused it to rise. The official health system has its own norms for child nutrition. Micronutrient deficiencies are reported to be a problem among some disadvantaged minority groups.

9. Following the relaxation of the abortion law in 1977, the number of abortions rose during the 1980s. By 1989, there were 847 abortions for every 1,000 live births; of these, three quarters were performed on urban women. In 1988, some 61 per cent of women of child-bearing age were not using contraceptives and the proportion is likely to have increased since then. Health authorities report that there is now an urgent need for contraceptive supplies.

10. The lower socio-economic status of mothers and children from minority groups is generally reflected in their poorer health situation. For example, some 90 per cent of births in the whole country are attended by trained health personnel, while the corresponding figures for minority groups range from 20 to 50 per cent. Similarly, IMRs for minority ethnic groups are up to two and one half times that of the ethnic majority. Predictably, higher IMRs can be linked to lower levels of the mother's education. Official statistics for 1991 indicate that IMR for populations where mothers are illiterate is 138 per 1,000 live births.

Water supply and sanitation

11. During recent years, outbreaks of dysentery and hepatitis A have occurred from time to time, indicating a need for both health education and improvement of the water supply and sanitation situation. According to government figures, some 63 per cent of the population (98 per cent of the urban population and 14 per cent of the rural population) has access to safe water. Each year up to one third of the drinking water in rural areas is reported to be contaminated, probably as a result of inadequate sanitation. Rural sanitation requires

improvement and cost-effective, hygienic methods of sanitation need to be propagated. According to the official definition, over 90 per cent of the rural population and 38 per cent of the urban population lacks access to adequate sanitation.

Education

12. Primary education for children is free, although parents have to pay for textbooks and school supplies. Literacy rates and school enrolment rates are both high. Official sources indicate that, in 1991, some 93 per cent of the population was literate and some 92 per cent of children of the relevant age-group were enrolled in primary schools. However, such achievements are now threatened by the economic crisis. As purchasing power has declined sharply, many parents are finding it difficult to afford books, supplies or even clothes for their children. Difficulties have been exacerbated by the removal of subsidies for textbook publication in 1992 and the subsequent increase in textbook prices.

13. As in the health sector, there are some disparities among different ethnic groups in the population. School enrolment and drop-out rates for ethnic minority groups indicate a generally lower standard of educational attainment. Lower socio-economic status and increasingly unaffordable school supplies threaten to reinforce this trend. Minority children are also less able to attend pre-schools, either because their parents cannot afford to pay for the meals or because of cultural and other reasons. This is unfortunate, since pre-school activities prepare children for the primary school system, as well as offer opportunities to interact at an early age with other children from different ethnic groups, contributing to mutual tolerance and understanding in later years.

Children in especially difficult circumstances

14. As in many other countries undergoing a transition in Central and Eastern Europe, the system for institutionalized children is well established. Children in the institutions include orphans, abandoned children and physically and mentally handicapped children. Such institutions have tended to keep these children, even the more mildly retarded ones, separate from the communities in which they live. Conditions in the institutions are poor and, to a certain extent, indicative of the country's poverty. While staff in such institutions show great commitment, there has been a very limited scope of training for them.

15. Gypsy children comprise another category of children in especially difficult circumstances. Their living conditions are extremely poor, with inadequate or non-existent water supply or sanitation facilities and low health and nutritional status. The school drop-out rate among gypsy children is high, and the marriage age very low; a 17-year-old girl may already have three children. Girls from these families are taken out of school earlier than boys from the same families or girls from families of other ethnic groups in the country.

Programme cooperation, 1992-1993

16. Responding to the needs of people displaced from Bosnia and Herzegovina by the conflict, UNICEF initiated its programme in the former Yugoslav Republic of Macedonia in late 1992, opening its office in Skopje in January 1993. To date, UNICEF programme activities have been funded through the United Nations Inter-Agency Appeal for the Former Yugoslavia and have included the provision of supplementary food commodities, vaccines and hygienic goods; support of education programmes for refugee school children; and advocacy for children. These programmes have been developed in consultation with counterpart ministries and implemented in coordination with the Office of the United Nations High Commissioner for Refugees (UNHCR), the lead agency in country. UNICEF activities also have been coordinated with other international agencies and non-governmental organizations (NGOs) working in the country.

17. The programme provided supplementary food commodities for children in the refugee reception centres and children's institutions. The provision of vaccines during this period helped to support the Ministry of Health's expanded programme on immunization (EPI), but the Ministry was unable to maintain the levels of immunization achieved before independence. Together with the World Health Organization (WHO) and the Ministry of Health, UNICEF is currently engaged in designing a comprehensive survey of immunization and nutrition levels, to be carried out in March 1994.

18. UNICEF responded to the education needs of refugee children by providing classroom equipment and school materials and by developing a condensed programme of education for refugee children in the reception centres. This has enabled children whose education was disrupted by their displacement to make up the lost time and they have now entered the local school system.

19. A number of refugee children were traumatized by their experiences before leaving Bosnia and Herzegovina. Coordinating with the International Federation of Red Cross and Red Crescent Societies, and with the involvement of the Ministry of Labour and Social Policy, UNICEF supported a programme of psycho-social treatment for these children, working with children in all the refugee centres in the country.

20. Since becoming active in the country, UNICEF has also developed partnerships with local NGOs and has carried out advocacy for children. Information material in the country's language has been prepared, including the translation and dissemination of the Convention on the Rights of the Child, the publication of health education material and, in cooperation with local television stations, the preparation of television programmes on maternal and child health.

Recommended programme cooperation, 1994-1995

Estimated annual expenditures
(In thousands of United States dollars)

Supplementary funds	1994	1995	Total
Health	400	1 200	1 600
Nutrition	100	300	400
Water supply and sanitation	75	225	300
Education	200	600	800
Children in especially difficult circumstances	50	150	200
Social mobilization	50	150	200
Programme support	125	375	500
Total	1 000	3 000	4 000

21. Although the United Nations Inter-Agency Appeal addressed the emergency situation in the former Yugoslavia, the absence of any conflict in the former Yugoslav Republic of Macedonia has made it easier to tailor UNICEF activities towards a development continuum. Thus, the present programme proposal is designed to build longer-term support to mothers and children during the changes under way. The main thrust of the programme will be to join efforts with other partners to prevent further deterioration in the survival and development prospects of children. The Government has endorsed the Declaration and Plan of Action of the World Summit for Children, which, together with the Convention on the Rights of the Child, will form a guiding framework for programme priorities and strategies.

Priorities and strategies

22. The country programme has the following main priorities and strategies:

(a) To strengthen the health delivery system and its effectiveness in order to contribute to achieving universal child immunization (UCI), eliminating neonatal tetanus and reducing child mortality and morbidity from acute respiratory infections (ARI) and diarrhoeal diseases;

(b) To provide support for maternal and child nutrition, including promotion of breast-feeding and the baby-friendly hospital initiative;

(c) To assist the Ministries of Health and Education in their efforts to reform services;

(d) To support the development of education opportunities for disadvantaged groups in the population;

(e) To help to develop low-cost rural water supply and sanitation interventions;

(f) To assist in developing alternative strategies for children in institutions.

23. While this is a wide range of priorities for a programme of limited resources, the country already has an established and relatively developed social sector infrastructure, which, however, needs assistance through the current transition phase. This means that rather than large-scale capacity-building, one of the main strategies of the programme will be to develop responses that maintain and enhance existing capacities. In this regard, sharply focused technical assistance, training and orientation towards approaches that effectively utilize already existing capacities will be important. A number of interventions new to the country can be introduced through pilot schemes in the short term, which can then be replicated, as necessary.

Proposed programme activities

Maternal and child health

24. Expanded programme on immunization (EPI). Previously, vaccines were supplied from other Republics in the former Yugoslavia. Combined with the economic crisis, the disruption of these sources of supply make it extremely difficult for the Ministry of Health to plan its immunization programme with any assurance. In order to restore immunization to the levels achieved before the break-up of the former Yugoslavia, UNICEF will supply the antigens on the WHO list of requirements for EPI. Support also will be given to the Ministry in enhancing its capacity for vaccination programme monitoring, maintaining the cold-chain system and extending the immunization programme to the most remote areas of the country. UNICEF also will support the Ministry in reviewing its vaccination calendar in order to enable the Ministry to manage its vaccine supplies and immunization programme more effectively.

25. Neonatal care and maternal health. One of the priorities of the programme is to help to achieve the total elimination of neonatal tetanus in the country by the end of 1995. While EPI will address the need for immunization against neonatal tetanus, other strategies are required to reduce neonatal mortality. The levels of neonatal care vary dramatically between the different ethnic groupings in the country. Low levels among ethnic minorities are not the consequence of inadequate access to the health system, which is sufficiently developed throughout the country, but rather of low awareness of health needs, especially in antenatal care and the care of infants. UNICEF will address this issue by working through various community organizations and developing a programme of health education, including training and orientation of health practitioners, in all the languages commonly used in the country. A programme to promote safe motherhood will focus on health education on issues such as child spacing, births either too early or too late and the status of mothers.

26. Acute respiratory infections. UNICEF will support the Ministry of Health with the supply of ARI treatment kits based on WHO and UNICEF experience. Support also will be given for seminars to introduce the kits to paediatricians and other professionals. Again, this is an area in which the simple health education of mothers should help to achieve a significant reduction of these

illnesses. UNICEF will support the translation and dissemination of the relevant parts of Facts for Life in the country.

27. Control of diarrhoeal diseases (CDD). Some regions of the country have a particularly high incidence of diarrhoeal disease that at present results in the hospitalization of infants. It is proposed to make oral rehydration therapy (ORT) available to the health facilities in the areas in question and to supplement this with seminars on the use of ORT for medical staff in these areas. At the same time, it will be necessary to sensitize mothers to the benefits of ORT, and information material already available will be translated and distributed.

28. Essential drugs. UNICEF is working with WHO throughout the region of the former Yugoslavia in advocating the rational prescription of essential drugs. This is an issue that the Ministry of Health is reviewing. It is proposed to cooperate with WHO in supporting the review and to assist with the provision of essential children's drugs.

29. Health and hygiene education. The standards of health and hygiene education in the country are fairly low, contributing to low quality of care for infants at home and limited use of health facilities for childbirth and delivery, as well as to high levels of ARI. Thus, while health facilities are widespread in the country, their effectiveness and resources are stretched by having to respond to diseases that could be prevented through a better knowledge of health and hygiene. UNICEF will prepare education materials as a part of the response to specific ailments, but this process will also generate a comprehensive package of health education material. It is proposed that these resources be disseminated more generally through the education system and community organizations.

30. Health financing. With resources for the health sector being reduced by cuts in public expenditure, the Ministry of Health is reviewing the nature of health care to be provided as the country goes through its transition from a centrally planned economy to a more market-oriented economy, a process with serious implications for children's health. UNICEF will work closely with WHO in supporting the Ministry in the more efficient use of the resources available, assisting in the review of the vaccination calendar, enhancing the rational prescription of drugs and strengthening preventive medicine by improving the levels of health education. In addition to these areas, UNICEF will support seminars for planners and policy makers in the area of health financing and cost-recovery, drawing upon the experience of UNICEF in this area elsewhere.

Nutrition

31. Breast-feeding. The incidence of exclusive breast-feeding up to the age of six months remains low and is likely to fall again if there is any easing of the economic difficulties. To promote breast-feeding, UNICEF will organize seminars for medical staff and continue to distribute information material to mothers and health staff.

32. Baby-friendly hospital initiative. In connection with support for neonatal care, UNICEF will develop pilot schemes with the Ministry of Health to advance

the baby-friendly hospital initiative in the country. The Ministry is already working on the development of rooming-in care in maternity wards and it is proposed to support the extension of this procedure, together with the organization of seminars for professional staff in the relevant maternity units, thus advancing a number of selected institutions in the country towards "baby-friendly" hospital status in 1994. Successful advances can be replicated more widely in 1995.

33. Growth monitoring. UNICEF has assisted the Institute of Maternal and Child Health in the introduction of a growth monitoring system, which is still in its very early stages. It is proposed to continue this support, with the further distribution of growth monitoring charts and the training of health centre nurses in growth monitoring and of Institute staff in the coordination of such a programme.

34. Micronutrient deficiencies. It is believed that there are no particular problems with micronutrient deficiencies; however, this will be investigated in a UNICEF/WHO-supported nationwide survey in March 1994. Should vitamin or iodine deficiency emerge as a problem, UNICEF will support the Ministry with basic supplies and, depending on the level of deficiency identified, investigate a longer-term proposal.

Education

35. Policy support. The Ministry of Education and Physical Culture is currently engaged in a wide-ranging review of their elementary education policy. The Minister's Standing Committee is to examine (a) the content and aims of the education system; (b) teaching practices and teacher training; (c) the management of the education system; and (d) the financing of education. The Ministry is seeking a wide-ranging study of these issues, similar to that carried out by UNICEF in partnership with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Development Programme (UNDP) in neighbouring Albania, and it is proposed that UNICEF should work with other donors to support such a study. A wider-based study such as this will also sensitize the international community to the needs of the education system in the country. In the interim period, there are a number of interventions that UNICEF can make, in partnership with the Ministry, which will enhance the standard of education in the country and which will not be overtaken by the eventual results of the review.

36. Teaching practice reform. The Ministry has already decided that reform of the current teaching practices is urgent. UNICEF has been involved in supporting the Ministry of Education in developing new approaches to teaching practices, moving away from the passive learning methods that have been applied so far. It is proposed to continue this support and expand a project of in-service training undertaken thus far with a group of teachers. At the same time, the Ministry will be assisted in reforming the teacher-training curriculum to reflect the in-service training.

37. Education for minority groups. As noted elsewhere, the levels of educational achievement vary widely between the ethnic groups. Working with the Ministry of Education and NGOs active in the area, UNICEF will support the

enhancement of education opportunities for minority groups. Financial support will be provided for NGOs working with gypsy children and assistance will be provided for the publication of textbooks in the languages of minority groups in order to make them more affordable for families.

Water supply and sanitation

38. A major problem affecting rural water supplies is the pollution of water supplies before they reach the consumers. UNICEF is working with the Institute of Public Health to support water-quality monitoring and to improve sanitation in order to limit the contamination of water sources. Basic equipment for quality control has been supplied and sanitation education activities have been developed. It is proposed to continue these activities and, subject to the results, replicate activities throughout the rural areas.

Children in especially difficult circumstances

39. During 1993, UNICEF has been involved in the development of psycho-social education for the children traumatized by the war. UNICEF will continue to support the expansion of this programme, along with the training of professionals specialized in this field. The programme will continue to be coordinated with the Ministry of Education and will involve the Ministry of Labour and Social Policy.

40. Children in institutions. As elsewhere in Eastern Europe, there has been a tradition of institutionalizing children with disabilities as well as orphaned and abandoned children. Such institutional care may be necessary in many cases, although the quality of the children's lives in these institutions is extremely low. While the staff caring for these children are committed, the standard of their training is very basic. Therefore, it is proposed to support the Ministry of Labour and Social Policy by developing training packages for the support staff in institutions. In addition, the Ministry is now addressing the question of whether the children now in institutions are best placed there. It is proposed to support the Ministry with limited technical assistance in considering non-institutional alternatives to residential care.

41. Children in minority groups. As the situation analysis has noted, the situation of mothers and children varies, at times dramatically, between the ethnic groups in the country. Rather than developing a cross-sectoral response to the needs of any single group, it is intended to address these needs through the sectoral activities outlined above and, where it is appropriate, through specific programme proposals that focus on the groups concerned, for example, the education of minorities. However, given the diversity of the composition of the population and the distribution of the various groups, such an approach cannot be used for the majority of programme interventions, even if thought desirable.

42. Refugee children. UNICEF has been working with other United Nations agencies and humanitarian relief organizations in responding to the influx of refugees. These numbers have now gone down, and the refugee child population is now estimated to be about 2,500. UNICEF will continue its programme of

assistance to this group, but such assistance will be supported through the United Nations Inter-Agency Appeal, which to date has been the funding source.

Advocacy

43. UNICEF will continue to work towards ratification and implementation of the Convention on the Rights of the Child by providing technical assistance and advocacy. Ongoing work with children in especially difficult circumstances provides a useful basis for such advocacy. Given the pressures on resources and the economic constraints facing the country, it will be crucial to emphasize the principle of a "first call for children". To this end, UNICEF will work to sensitize policy makers to the needs of children, working through mechanisms such as the Mayors as Defenders of Children initiative and local NGOs. The media in this recently independent country are extremely receptive to children's issues. The UNICEF office in Skopje has already undertaken joint projects with television, radio and newspaper journalists in highlighting child welfare questions. UNICEF also will convene a colloquium of journalists who work in all the languages of the country to discuss informally issues regarding children. The limited support offered to this group will nevertheless be important in maximizing the effectiveness of the health education strategies outlined above.

Monitoring and evaluation

44. The emergency programme of assistance implemented thus far, while monitored continuously by the UNICEF office in Skopje, has not been subject to any rigorous evaluation. In large part this is a result of limited baseline data, as well as the very recent development of the programme. Monitoring for the proposed programme will be supported primarily by UNICEF staff in Skopje, as well as by staff from the area office. Information obtained from field personnel of other agencies, governmental organizations and NGOs will be utilized. Regular field visits will be undertaken to assess the effectiveness of UNICEF assistance and programme adjustments will be made accordingly. Many of the interventions proposed here are innovative in the context of the country and will be introduced on a pilot basis, with later inputs subject to the results achieved. Thus, the proposed programme lends itself readily to evaluation. A programme review will be held jointly with participating governmental organizations, NGOs, United Nations agencies and other partners, towards the end of 1995.

Programme coordination

45. The present recommendation has been drawn up in close consultation with the respective ministries of the Government of the former Yugoslav Republic of Macedonia. It has also been shared with the assistance agencies working in the country, whether multilateral, bilateral or non-governmental. Close coordination with WHO has ensured its participation in the development of capacity maintenance and enhancement strategies with the Ministry of Health. Similarly, a number of NGOs active in area-based projects have been consulted in the preparation of those aspects of the programme that address the needs of children in especially difficult circumstances. The Ministry of Health invited UNICEF to coordinate the supply of vaccines provided by international agencies,

and UNICEF will work with WHO, the European Community, bilateral donors and NGOs involved in this area.

Programme support

46. The UNICEF programme of assistance to date has been managed by a small office in Skopje, with one international officer, one National Officer and three General Service staff. Compared to UNICEF activities under the United Nations Inter-Agency Appeal for the Former Yugoslavia, the programme recommendation contained in the present document represents an increase of approximately 100 per cent in programme expenditures. In spite of this, it is expected that the programme will be implemented without any increase in staff.